

**1999 STATEWIDE HOSPITAL AND AMBULANCE  
GENERAL EMERGENCY READINESS EXERCISE**

# **EXERCISE GUIDE**

*HOSPITAL VERSION*



**UPDATED REVISION AUGUST 20, 1999**

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## ATTACHMENT I

### STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY 1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE

#### EXERCISE OBJECTIVES

##### **MANDATORY**

At the conclusion of the exercise, facilities must have addressed objectives I - V:

##### OBJECTIVE I:

Implemented your facility's disaster plan.

##### OBJECTIVE II:

Assessed the back-up generator system.

##### OBJECTIVE III:

Utilized alternative communications (other than telephones) to reach the County Emergency Operations Center, nearby hospitals or "sister" hospitals.

##### OBJECTIVE IV:

Assessed back-up systems or techniques to handle potential problems associated with at least one computer system critical to the operation of the health facility.

##### OBJECTIVE V:

Assessed the ability to respond to a large influx of patients and subsequent facility overcrowding.

##### **OPTIONAL**

At the conclusion of the exercise, facilities may have also addressed objectives VI - X:

##### OBJECTIVE VI:

Assessed the ability to respond to a hazardous materials release as a result of Y2K problems, including patient decontamination.

##### OBJECTIVE VII:

Identified personnel that will be immediately available to handle unforeseen Y2K issues and maintain facility operations.

##### OBJECTIVE VIII:

Established alternative communications between ambulance personnel and health care facilities.

##### OBJECTIVE IX:

Determined whether sufficient medical supplies (including pharmaceuticals) will be available in the facility if there is an increase in patient volume or a disruption in resupply.

##### OBJECTIVE X:

Identified the potential need to evacuate patients as result of an internal disaster.



**STATE OF CALIFORNIA  
EMERGENCY MEDICAL SERVICES AUTHORITY  
1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE**

**MASTER SEQUENCE OF EVENTS LIST**

This year, your facility is invited to participate in a Statewide exercise designed to assess California's health care facilities preparedness to remain functional if significant problems result from Y2K failures. **The exercise is scheduled for Thursday, September 16, 1999 from 10:00 a.m. to 3:00 p.m.** The scenario is simulating events occurring on New Year's Eve, December 31, 1999.

**Exercise Information**

Thursday, September 16, 1999

**Real Time\*:**     **(Simulated Exercise Time)^**

- |                         |   |
|-------------------------|---|
| 0800 hrs.               | The Exercise Bed Availability Form will be completed by each facility ( <i>Attachment XI a</i> ).   |
| 1000 hrs.               | (2200 hrs. December 31) Exercise commences. Each county will initiate a communication poll of health facilities. ( <i>Each County will utilize the communications system it normally employs during a disaster.</i> )<br><br>The Exercise Bed Availability Form will be transmitted ( <i>via fax, ReddiNet, or other hospital emergency communication medium where available</i> ) to the normal designated county representative/agency. <u>Please note, these values represent "real-time" counts assessed at 0800 hrs.</u> ( <i>Each county will identify the communication mode and contact representative/agency to be used</i> ). |
| 1000 hrs -<br>1400 hrs. | Exercise scenario is initiated by facility.<br>Optional local scenarios are initiated by facility, county, and region<br>(Core exercise elements and optional elements should be implemented during this time.)   |
| 1130 hrs.               | (2330 hrs. December 31) Millennium party goers are becoming rowdy. (Refer to scenario.) Hospital emergency departments are overcrowded with injured patients.   |
| 1200 hrs.               | (2400 hrs. December 31) A rolling brown out has occurred <i>Health care facilities have the flexibility to decide what systems are impacted in their respective facilities and the duration of the brown out</i> ). Telephones are working intermittently. At least one computer system in the facility fails and a back-up system must be initiated.   |
| 1400 hrs.               | (0200 hrs. January 1) Hospitals are advised that due to major incidents occurring throughout the city, hospitals must provide authorities with the status of their facility and bed availability ( <i>See Exercise Bed Availability Form - Attachment XI b</i> ). Health care facilities initiate requests for assistance either from governmental authorities or through their own routine mechanisms.   |
| 1430 hrs.               | The Exercise Bed Availability Form will be transmitted ( <i>via fax, ReddiNet, or other hospital emergency communication medium where available</i> ) to the normal designated county representative/agency. ( <i>Attachment XI b</i> ) <u>Please note, these values represent hypothetical numbers created by each facility in conjunction with their unique exercise objectives</u> ( <i>Each county will identify the communication mode and contact representative/agency to be used</i> ).   |
| 1500 hrs.               | (0300 hrs. January 1) Exercise is concluded.  |

**\*Real Time:** Actual exercise time.

**^Simulated Exercise Time:** Hypothetical event time simulating potential Y2K events.



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1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE**

**EXERCISE SCENARIO**

It is December 31, 1999. The governmental infrastructure in California has been working for the past two years on problems that may result from computer systems that have not been enhanced to account for a four-digit year (i.e. 2000). The State, regional, and counties' Emergency Operations Centers have been activated. Television and radio stations are being monitored closely by disaster coordinators to track the Y2K problems occurring in other states and cities throughout the country. California has the advantage that January 1, 2000 has been celebrated 18 hours earlier in Australia, 3 hours earlier in New York City, and 2 hours earlier in Chicago.

**0030 hours EST: New York City, New York--January 1, 2000** - New York City is reporting sporadic power outages throughout the City. It is not clear whether the outages are due to a cold weather front hammering the eastern seaboard or to Y2K. Two hospitals are on emergency power. Unprecedented crowds have gathered around Times Square. The NYPD is on full tactical alert. NYPD is reporting many small incidents of disorderly crowds where arrests have been handled quickly. Multiple traffic accidents have occurred due to traffic signal failure and extremely heavy traffic congestion. All traffic light computers failed temporarily at 0001. Planes at LaGuardia Airport are being diverted to John F Kennedy Airport because the computers in the traffic control tower failed briefly at midnight. Planes are being diverted until computers have been thoroughly checked.

**0100 hours CST: Chicago, Illinois--January 1, 2000** - Chicago is reporting a rolling brown out. The 9-1-1 computerized dispatch system has malfunctioned. A back-up manual system is being utilized, although there is a report that 9-1-1 responses have been prolonged due to bad weather and heavy New Year's Eve traffic. Telephone lines and electrical power are functional. Gas heating systems are not working.

**2200 hours PST: Everywhere City, California--December 31, 1999 (Exercise "real time": 1000 hrs)** - New Year's Eve celebrations have been planned at virtually every major venue throughout the State. Record crowds are lining the streets in Pasadena to see the Rose Parade in the morning. Many Bay Area cities are expecting record crowds to congregate at various millennium celebration events. Lake Tahoe is expecting a record crowd of 150,000.

California is experiencing a cold front coming from Alaska. Heavy storms are moving from Northern to Southern California. Two inches of rain are expected before morning in practically every area of the State. Heavy fog conditions are impacting the Fresno area. Mountainous areas are experiencing blizzard conditions. Emergency Departments have been inundated with flu patients and traffic accident victims.

Hospitals are advised that as a preparedness measure, they must provide authorities with the status of their facility and bed availability (*See Exercise Bed Availability Form, Attachment XIa*). **(EACH COUNTY SHOULD INSERT ADDITIONAL INFORMATION INTO THIS PART OF THE SCENARIO TO MAKE IT PERTINENT FOR EACH RESPECTIVE COUNTY.)**

**2330 hours PST: Everywhere City, California--December 31,1999(Exercise “real time”: 1130 hrs) -** Rowdy party-goers are swarming major entertainment areas. Guns are being fired. There are reports that store front windows have been broken and some looting has occurred. A number of cars have been overturned and are on fire. Large numbers of law enforcement officers are responding and attempting to disperse the crowds. A news helicopter is overhead and live news from the scene is being broadcasted over local network TV. **(EACH COUNTY SHOULD INSERT ADDITIONAL INFORMATION INTO THIS PART OF THE SCENARIO TO MAKE IT PERTINENT FOR EACH RESPECTIVE COUNTY.)**

**2400 hrs PST: Everywhere City, California--December 31, 1999 (Exercise “real time”: 1200 hrs) -** A rolling brown out has occurred throughout California beginning at midnight. Power companies are unable to identify the specific cause and do not know how long this situation will continue. While they hope to have the problem resolved within the next several hours, it could persist in some areas for as much as 72 hours. Many hospitals are on emergency generators. Many of the smaller cities’ Public Service Answering Points (PSAPs) 9-1-1 have malfunctioned. Response delays are occurring for both fire and police. Additional reports have arrived that numerous airports have grounded outgoing flights from major airports in each county. Incoming flights are being re-routed to Las Vegas until the weather system passes. Telephones, cellular phones, and internet communication systems are sporadically going out due, presumably, to extreme weather conditions. There have been reports of isolated hazardous materials releases from manufacturing plants throughout the State due to non-Y2K-compliant computer systems.

A significant number of hospitals that rely on computerized registration in the emergency department and for ordering laboratory tests are reporting computer failures. Telephones are working sporadically, making it difficult to reach specialists on the on-call panel. Many hospital personnel are bringing younger children to work because of the brown out conditions. Police and rescue personnel are arriving at hospitals unannounced with injured party-goers. Some hospitals are reporting elevator failures. Hospitals are experiencing an influx of patients due to several factors: the flu season is at its height, multiple traffic accidents and injured Y2K party-goers, and local skilled nursing facilities are evacuating because of loss of power. Most hospitals had anticipated supplies needed for the long holiday weekend, but some are concerned that supplies are being used faster than normal because of the heavy influx of patients. **(EACH COUNTY SHOULD INSERT ADDITIONAL INFORMATION INTO THIS PART OF THE SCENARIO TO MAKE IT PERTINENT FOR EACH RESPECTIVE COUNTY.)**

**0200 hrs PST: Everywhere City, California--January 1, 1999 (Exercise “real time”: 1400 hrs)**

-

Hospitals are advised that due to these major incidents occurring throughout the city, they must provide authorities with the status of their facility and bed availability (*See Exercise Bed Availability*

*Form, Attachment XIb).*

**Based on the above general scenario, each health care facility must incorporate the following core elements into their respective disaster scenario:**

- !      Activate and implement disaster plan**
- !      Power outage--either short- or long-term**
- !      Telephone outage--short- or long-term**
- !      Loss of at least one computer system or computer network within the facility.**
- !      Influx of patients/overcrowded facility**

**Optional elements that may be incorporated into disaster scenarios:**

- !      Contaminated patients or hazardous material spill within the facility**
- !      Insufficient staffing**
- !      Breakdown of communications between ambulance personnel and health facility**
- !      Insufficient supplies**
- !      Patient evacuations (due to internal facility disaster)**



**STATE OF CALIFORNIA  
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1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE**

**CONDUCT OF EXERCISE**

**Pre-Exercise Checklist**

**Preparing the Materials**

Compile, at a minimum, the following materials:

- ' Y2K Exercise Guide from the Emergency Medical Services Authority.
- ' Your organization's anticipated exercise scenario.
- ' A time line and master sequence of events list for your organizational play.
- ' Your organization's exercise objectives check list to verify whether met or unmet.
- ' Messages to provide to the players either by hand, or over communications systems.
- ' A list of key phone numbers for your participants and outside organizations.
- ' Critique and other forms used by your organization, other than the ones in this Exercise Guide.

**Coordination with Other Organizations**

Contact other organizations involved in the exercise as soon as possible in order to ensure continuity of operation and to ensure there is no misinformation or misunderstandings about the time of play or level of play. Complete the following:

- ' Clearly identify the representative from the county or the facility, depending on your role.
- ' Provide several phone numbers where you can be reached the day of the exercise, as well as relevant fax and e-mail addresses.
- ' Inform each other of potential conflicts or competing activities that may occur that day.
- ' Set protocols for interruptions, in case actual emergencies impact the exercise.
- ' Identify where any information is to be sent outside of your organization during the exercise, and how it is to be marked, e.g., "This is a Test", "This is a Drill," or "This is an Exercise."
- ' Meet with the other organizations during any briefings or training scheduled regarding the exercise.
- ' Contact the other organizations about any last-minute changes in play or communications.



## **Coordination with the Media**

Work closely with your organization's Public Information Officer to define how the media will be addressed during the planning process, during the exercise, and afterwards. Ensure that the media releases are prepared ahead of time, sound bites are already taped, and that an area for briefing the media is prepared away from the exercise area if your organization believes it would be disruptive to completing the exercise objectives.

## **Defining the Scope of Play**

Each organization will decide the scale and intensity of their play. The organizations involved should be aware if it is:

- ' A. A communications test: To be used in conjunction with B and/or C below. Involves the facility communication poll and transmission of the Exercise Bed Availability Form to verify that communication systems are operational and that redundant systems are also operational. This communications test must also test systems for effectiveness in the event a loss of power occurs.
- ' B. A table-top exercise: Only involving personnel in a discussion forum where players have access to their plans and procedures. Discussions occur surrounding a sequence of events in which the players respond verbally so that all present can understand their actions, and respond appropriately. Written or verbal messages are used by controllers to direct the play.
- ' C. A functional exercise: Involves "actual" play of a participant including movement of equipment or people, or transmission of communications and distribution of messages across communications systems. The players are expected to show their expertise in responding to exercise information through personal performance that can be observed by the controller or evaluators as a measure of whether an objective is met or unmet.

## **Reporting Intent**

Once a facility defines its level of play, it will by **August 9, 1999**:

- ' Fax a completed copy of the "Intent to Participate" form to their designated County Y2K Exercise Contact (Attachment VI).

## **Developing Local Scenarios in Accordance to the Master Sequence of Events List (MSEL)**

Included in this guide is a master sequence of events (Attachment II). This list provides the overall anticipated schedule of activities that all participants are expected to incorporate into their play. However, each organization should have their own, more detailed MSEL so that the direction of all play is anticipated and controlled.

## **Exercise Conduct**

## **Pre-exercise Survey of Resources**

Changes often occur at the last minute. These can interfere with a successful exercise.

- ' Organize a team of "checkers" who do nothing more than check facility readiness, materials, storage lockers, phones, and fax machines the evening before and the morning of the exercise.

## **Briefing of Players With Background Information**

Prepare the players immediately before play begins with background information to set the scene. This Exercise Guide provides an excellent scenario opening to assist with that (Attachment III), but you may wish to include local details to further stimulate the player anticipation.

## **Facilities Survey of Resources During the Exercise**

This Exercise Guide contains two copies of the Exercise Bed Availability Form (Attachments XIa and XIb). One is marked for 0800 hours and one is for 1400 hours. They can be removed from the guide, or copied prior to use.

- ' Complete Exercise Bed Availability Form (Attachment XI a) and transmit it to the normally designated county representative/agency at 1000 hours the day of the exercise.
- ' Complete Exercise Bed Availability Form (Attachment XI b) and transmit it to the normally designated county representative/agency at 1430 hours the day of the exercise.

## **Reporting**

In order to qualify for a certificate of participation, the facilities must:

- ' Complete a copy of the Y2K Exercise Evaluation (Attachment XII) form and return it to EMSA **by September 22, 1999**, as indicated on the form.



**ATTACHMENT V**

**STATE OF CALIFORNIA  
EMERGENCY MEDICAL SERVICES AUTHORITY  
1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE**

**INTENT TO PARTICIPATE**

**THIS FORM MUST BE FAXED TO THE DESIGNATED COUNTY Y2K EXERCISE  
CONTACT BY MONDAY, AUGUST 9, 1999**

**Name of  
Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Disaster Coordinator:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **email:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Facility State License #:** \_\_\_\_\_

1. Please indicate whether facility will participate in the Statewide, September 16, 1999 exercise.  
☐ Will participate  
☐ Will not participate (*Skip next question*)  
☐ Unsure at this time
  
2. Please indicate the anticipated level of participation of your facility during the September 16 exercise.  
☐ Communications exercise only  
☐ Table top exercise  
☐ Functional exercise  
☐ Unsure at this time

Please fax this form to the designated County Y2K Exercise Contact (Attachment VI).

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**Kelly Purdom**

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**ATTACHMENT VII**

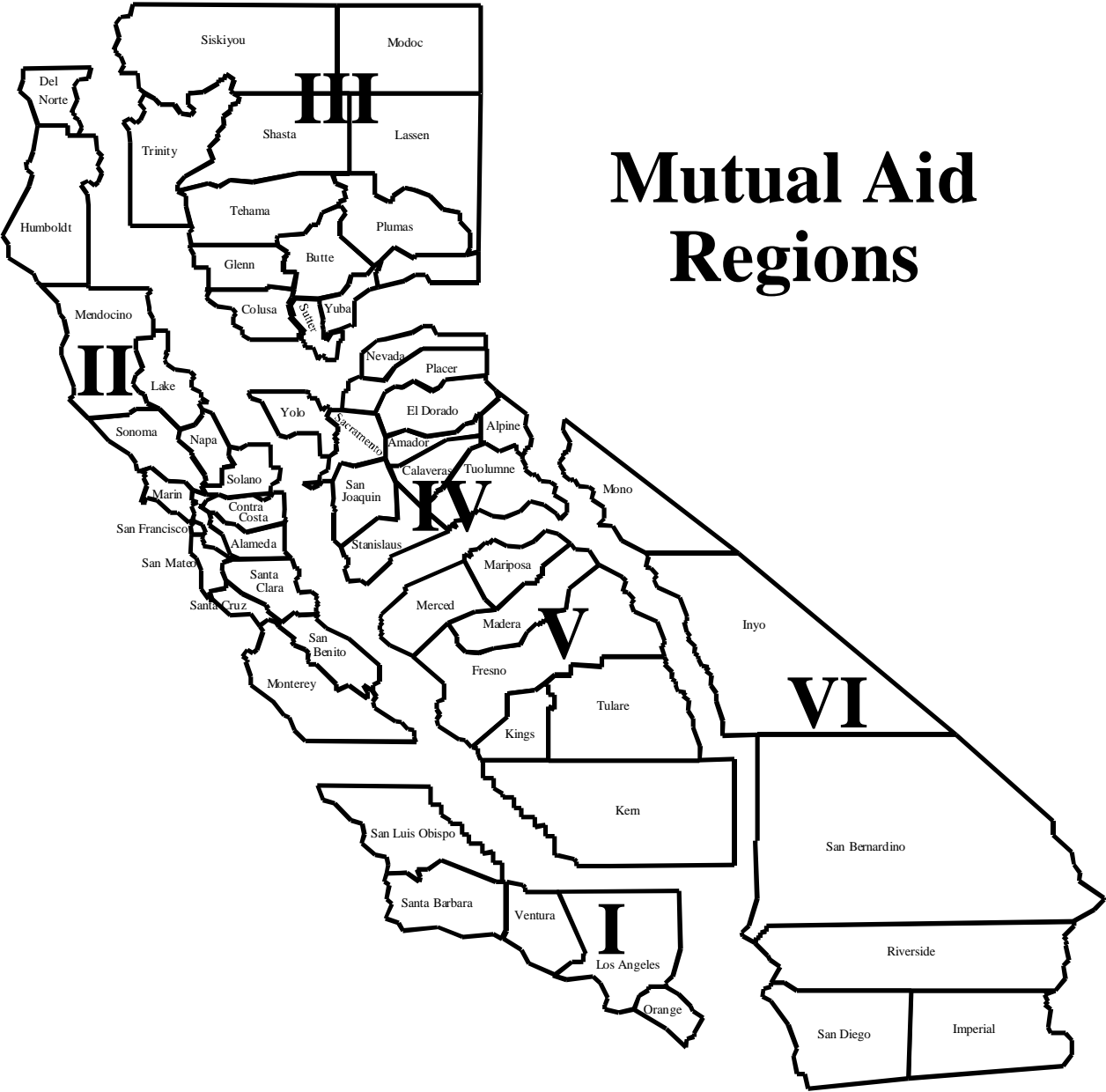
**Hospital Council and Association Contacts**  
**(Counties Assigned to each Hospital Council and Association Regional Vice President)**

<b>Tim Curly</b> Hospital Council 1625 E. Shaw, # 139 Fresno, CA 93710 tcurley@hcncc.com Office Phone (559) 650-5694 Office Fax (559) 221-1678	Fresno Inyo Kern Kings Madera Mono San Luis Obispo Tulare	
<b>Bob (Robert) David</b> Hospital Council 1201 K Street Sacramento, CA 95814 bdavid@hcncc.com Office Phone (916) 552-7564 Office Fax (916) 552-7588  <b>Shelly Schlenker</b> Hospital Council 11648 Boom Pointer Way Gold River, CA 95670 sschlenker@hcncc.com Office Phone (916) 552-7534 Office Fax (916) 552-7588	Alpine Amador Butte Calaveras Colusa Del Norte El Dorade Glenn Humboldt Lake Lassen Mariposa Medocino Merced Modoc	Nevada Placer Plumas Sacramento San Joaquin Shasta Sierra Siskiyou Stanislaus Sutter Tehama Trinity Tuolumne Yolo Yuba
<b>Lynn Baskett</b> Hospital Council 2850 Telegraph Avenue, 6 <sup>th</sup> Floor Berkeley, CA 994705 lbaskett@hcncc.com Office Phone (510) 705-8990 Office Fax (510) 705-8992	Alameda Contra Costa Solano	

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State of California  
Office of  
Emergency Services

Mutual Aid  
Regions



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**Region VI****Stuart Long**

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See map of "Mutual Aid Regions" (Attachment VIII) for detail of Regions I - VI

7/29/99

## **Y2K Communications Action Kit**

### **Background Summary**

Some call it the “millennium bug”; others call it a computer problem. No matter what name is used, the year 2000 (Y2K) will undoubtedly affect everyone in some way.

By simple explanation, Y2K is a computer chip’s inability to process dates later than Dec. 31, 1999. The problem stems from the way some computer systems – and other equipment containing computer chips – were programmed to process date information. To conserve memory, dates were stored as two-digit – rather than four-digit – numbers, with all dates assumed to be between 1900 and 1999. Thus, the year 2000 would be stored as “00” and assumed to be 1900; the year 2001 as “01” and assumed to be 1901; and so on.

If equipment containing a computer chip relies on the date to function, it will likely malfunction once the clock rolls around to 2000 *if* it has not been fixed to be Y2K compliant. To add to the confusion, Jan. 1, 2000, is not the only date to be concerned about. For example, some programmers used Sept. 9, 1999, (9/9/99) to indicate an invalid date field. Also of concern is the fact that 2000 is a leap year, which also may throw off programming.

### **What Impact Will Y2K Have on Hospitals and Health Systems?**

Health care will be uniquely impacted by Y2K because hospitals and health systems rely on thousands of medical devices and pieces of equipment to serve patients. In addition, they use computer software to perform administrative functions, such as payroll, purchasing, billing and credentialing. They also use computer software for physical plant and building infrastructure, such as elevators and security systems. Operational systems such as electricity, phone lines, heating and air conditioning may be affected. Every day, health care facilities rely on a variety of outside organizations and companies, such as medical suppliers, vendors and public utilities, to deliver care. These are all likely to be affected by Y2K.

However, Y2K isn’t just about technology, its also about credibility. California hospitals must be ready to provide safe and necessary patient care in January of next year. In general, hospitals and health systems will have to focus on three areas in their Y2K preparation: 1) medical devices and clinical equipment; 2) information systems; and 3) physical plants and infrastructure. Hospitals and health systems are keenly aware of the

problem and have taken many steps to prepare for the millennium bug, which have typically included:

- establishing a Y2K project team led by a senior member of management;
- researching Internet databases for background information;
- preparing an inventory of Y2K-affected equipment, computers and software;
- obtaining equipment-compliance information from manufacturers and vendors;
- testing *all* devices and equipment (not just a sampling) and taking the appropriate steps to repair or replace if necessary;
- communicating and working with manufacturers and vendors to repair or replace noncompliant equipment, computers and software;
- subscribing to device-tracking and notification services that will provide status changes on device compliance;
- developing a repair and/or replacement plan to deal with noncompliant devices, equipment, and computer hardware and software developed or modified by the hospital or health system;
- preparing an internal action plan to deal with potential malfunctions on or about Jan. 1, 2000;
- establishing a central file to document the hospital's or health system's Y2K process and all related communications; and
- establishing a contingency plan to prepare for unforeseen circumstances and working with other community sectors (i.e., public utilities, transportation, water supply, etc.) to ensure Y2K readiness from all perspectives.

Hospitals nationwide are expected to spend more than \$8.2 billion on Y2K efforts. In California, that amount will exceed \$820 million.

### **Medical Devices: Y2K Mission Critical**

To ensure the seamless delivery of health care services and to help prevent any interruption in patient care, hospitals and health systems have focused first on areas identified as "mission critical" -- those that could potentially endanger life or health. Some medical devices, in particular, fall into the mission-critical category. Examples include defibrillators, fetal monitors, ventilators, heart-lung machines, cardiac monitors and other life-support equipment.

Hospitals and health systems depend on manufacturers and the medical-device industry to provide information on the Y2K-compliance status of mission-critical equipment and many other devices. This reliance has led many hospitals to express concerns regarding manufacturers that have been less than forthcoming in providing Y2K-compliance information.

In an attempt to improve this situation, President Clinton signed *The Year 2000*

*Information and Readiness Disclosure Act* (Good Samaritan legislation) in October 1998. The legislation is designed to shield from liability the sharing of information among businesses that provide Y2K status in good faith. The law also encourages all parties – providers, suppliers, manufacturers and others – to work together and promote disclosure and exchange of Y2K information. To gain immunity, specific language must be used on written documents regarding Y2K compliance. It is important to have legal staff review all Y2K materials.

Also, in early July of this year, Congress passed a Y2K liability bill which President Clinton is expected to sign. The bill includes American Hospital Association – supported language making it clear that hospitals sued for a Y2K – related event can, in turn, sue the device manufacturer. The compromise would give companies a grace period to fix Y2K – related problems before being sued.

### **Hospitals Must be Prepared with Communication Plans**

Hospitals should review their current crisis communications and disaster preparedness plans to ensure they are up to date and will work as well in a Y2K emergency as they would in other emergencies, such as severe weather or major accidents. It is highly unlikely Y2K will cause a catastrophic impact in California or the rest of the nation. However, there is some potential for facility, local or regional impact that will affect hospital operations and communications. It is imperative that hospitals are prepared with up-to-date disaster plans and employees are well informed regarding how to implement the preparation, response and recovery elements of those plans.

### **Health Care Facilities Must Think Beyond Y2K Problems**

Hospitals and health systems are busy preparing internally for problems that may result from the malfunction of microchips and computer software, but they also must acknowledge and prepare for problems likely to occur that are not related to the “millennium bug.” These problems may include New Year’s Eve celebrations in public and private venues that lead to rioting and/or damage to community property, as well as a significant increase in drinking and driving, auto accidents, drug overdoses, gang violence and use of weapons. Crowding in the streets may cause traffic congestion, which could impact the ability of emergency vehicles to pass through.

In order to address these potential problems, health care providers must work with cities and counties to implement emergency operations plans in the event of unfavorable New Year’s Eve revelry, as well as alert community members to the serious consequences that may result from overzealous celebratory activities.

At this point in Y2K preparation, it is critical that hospitals and health systems begin to focus on contingency planning. Given the complexity of health care facilities, no



organization will have found and fixed all of its Y2K bugs. This means hospitals and health systems also should develop action plans for responding to the potential loss of any essential processes or services. These efforts need to be directed both internally across facilities, and externally within communities, to include utilities, fire/police, ambulance and other health care providers.

Finally, the local hospital is for patient care and medical emergencies, and should not be viewed as a shelter in the event of massive power outages or civil disturbance. Hospitals and health systems should coordinate with area social service and community agencies to establish alternative “safe zones” for residents, so hospitals can continue to provide high-quality patient care and to adequately handle medical emergencies.

Prepared by:

American Hospital Association  
California Healthcare Association



STATE OF CALIFORNIA  
EMERGENCY MEDICAL SERVICES AUTHORITY  
1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE

EXERCISE BED AVAILABILITY FORM

\*\*\* This form should reflect bed status as of 0800 hrs. on September 16, 1999 \*\*\*

Please complete the information below for your facility and fax it to the normal designated county representative/agency at 1000 hrs.

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Disaster Coordinator: \_\_\_\_\_ Telephone #: \_\_\_\_\_

FAX: \_\_\_\_\_ email: \_\_\_\_\_ County: \_\_\_\_\_

Facility State License #: \_\_\_\_\_

As of: 0800 hrs.  
On: Sept. 16, 1999

	Census (# of currently admitted patients)	Estimated # of patients that you can admit at time of census with current staffing levels	Estimated # of additional patients you can admit within two hours.
<b>Medical/Surgical Beds</b> (Please combine categories)			
<b>Critical Care/ICU Beds</b> (Please combine categories)			
<b>Pediatric Beds</b>			
<b>OB Beds</b>			
<b>All Other Beds</b> (eg. Psych, Rehab., SNF, etc.)			
<b>Total</b>			

**FACILITY STATUS (Please circle one):**

**Green**

**Yellow**

**Red**

**Black**

“Green”: Facility is able to carry out normal operational functions.

“Yellow”: Some reductions in patient services, but overall, facility is able to carry out normal operational functions.

“Red”: Significant reductions in patient services. Emergency services only being provided.

“Black”: Facility has been severely affected. Unable to continue any services.



**STATE OF CALIFORNIA  
EMERGENCY MEDICAL SERVICES AUTHORITY  
1999 STATEWIDE Y2K HOSPITAL READINESS EXERCISE**

**EXERCISE BED AVAILABILITY FORM**

\*\*\* This form should reflect bed status as of 1400 hrs. on September 16, 1999 \*\*\*

**Please complete the information below for your facility and fax it to the normal designated county representative/agency at 1430 hrs.**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Disaster Coordinator: \_\_\_\_\_ Telephone #: \_\_\_\_\_

FAX: \_\_\_\_\_ email: \_\_\_\_\_ County: \_\_\_\_\_

Facility State License #: \_\_\_\_\_

As of: 1400 hrs. On: Sept. 16, 1999	Census (# of currently admitted patients)	Estimated # of patients that you can admit at time of census with current staffing levels	Estimated # of additional patients you can admit within two hours.
<b>Medical/Surgical Beds</b> (Please combine categories)			
<b>Critical Care/ICU Beds</b> (Please combine categories)			
<b>Pediatric Beds</b>			
<b>OB Beds</b>			
<b>All Other Beds</b> (eg. Psych, Rehab., SNF, etc.)			
<b>Total</b>			

**FACILITY STATUS (Please circle one):**

**Green**

**Yellow**

**Red**

**Black**

“Green”: Facility is able to carry out normal operational functions.

“Yellow”: Some reductions in patient services, but overall, facility is able to carry out normal operational functions.

“Red”: Significant reductions in patient services. Emergency services only being provided.

“Black”: Facility has been severely affected. Unable to continue any services.



**STATE OF CALIFORNIA  
EMERGENCY MEDICAL SERVICES AUTHORITY  
SEPTEMBER 16, 1999 DISASTER EXERCISE FOR HEALTH CARE FACILITIES**

**Y2K EXERCISE EVALUATION**

*Please answer all questions and fax or mail this form to the EMS Authority by **WEDNESDAY, SEPTEMBER 22, 1999.**  
A Certificate of Participation will be provided only upon receipt of this document.*

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Disaster Coordinator: \_\_\_\_\_ Telephone #: \_\_\_\_\_

FAX: \_\_\_\_\_ email: \_\_\_\_\_ County: \_\_\_\_\_

Facility License #: \_\_\_\_\_

**BACKGROUND INFORMATION:**

1. Select the single best answer that describes which OES Mutual Aid Region your facility is in (see attached County/Region Directory).
  - A. Region I
  - B. Region II
  - C. Region III
  - D. Region IV
  - E. Region V
  - F. Region VI
  - G. Don't Know
  
2. Select the single best answer that describes your facility.
  - A. Acute Care Hospital with a Basic or Comprehensive Emergency Department
  - B. Acute Care Hospital with a Stand-By Emergency Department
  - C. Acute Care Hospital with No Emergency Department
  - D. Psychiatric Hospital
  - E. Specialty Care Hospital
  - F. Skilled Nursing Facility
  - G. Clinic
  - H. Other
  
3. Indicate the single best answer that describes the type of your facility.
  - A. Non-Profit, Not-for -Profit
  - B. For Profit
  - C. Local Government (County, District, etc.)
  - D. Federal or State Government (VA, UC, Teaching, etc..)
  - E. Other
  
4. Indicate the participation level of your facility during this exercise.
  - A. Communications exercise only
  - B. Table top exercise
  - C. Functional exercise
  - D. Other

5. Did you activate your disaster plan during this exercise? ( *Mandatory Objective* )
- A. Yes
  - B. No
  - C. Don't know
6. Does your disaster plan include the Hospital Emergency Incident Command System (HEICS)?
- A. Yes
  - B. No
  - C. Do not know what HEICS is
7. Was the facility back-up generator tested under load? ( *Mandatory Objective* )
- A. Yes
  - B. No
  - C. Do not know
  - D. Do not have one
8. Did your facility implement an alternative communication system (other than telephone) to reach the County Emergency Operations Center and/or nearby hospitals and/or "sister" hospitals during the exercise? ( *Mandatory Objective* )
- A. Yes
  - B. No
  - C. Don't know
  - E. N/A
9. Identify the communication system(s) that were utilized (circle all that apply).
- A. HEAR radio
  - B. ReddiNet
  - C. EMSsystem
  - D. HAM
  - E. Internet
  - F. Other
  - G. None
10. Did your facility test a simulated failed computer system or network during the exercise?
- A. Yes
  - B. No
  - C. Do not know
  - D. N/A
11. Did your facility implement methods to respond to a large influx of patients and subsequent facility overcrowding during the September 16 exercise? ( *Mandatory Objective* )
- A. Yes
  - B. No
  - C. Do not know
12. Did your facility decontaminate patients during the exercise?
- A. Yes
  - B. No
  - C. Do not know
  - D. N/A
13. Please indicate the number of patients your facility decontaminated?
- A. < 5
  - B. 5-20
  - C. 21-50
  - D. > 50
  - E. N/A
14. Has your facility created staff contact lists to activate should additional personnel be needed during a real Y2K

event?

- A. Yes
- B. No
- C. Do not know
- D. N/A

15. Did your facility establish alternative communications between ambulance personnel and your facility during the exercise?
- A. Yes
  - B. No
  - C. Do not know
  - D. N/A
16. Did your facility simulate supply shortages during the exercise?
- A. Yes
  - B. No
  - C. Do not know
  - D. N/A
17. Did your facility simulate requesting additional supplies from medical vendors during the exercise?
- A. Yes
  - B. No
  - C. Do not know
  - D. N/A
18. Did your facility implement a patient evacuation during the exercise.
- A. Yes
  - B. No
  - C. Do not know
  - D. N/A
19. Were you satisfied with the Statewide exercise?
- A. Yes, very satisfied
  - B. Yes, moderately satisfied
  - C. Dissatisfied
20. Would you like to participate in future Statewide exercises?
- A. Yes
  - B. No
  - C. Do not know

**Thank you for your participation with this survey. Please mail or fax this COMPLETED Y2K EXERCISE EVALUATION BY WEDNESDAY, SEPTEMBER 22, 1999 to:**

**The Emergency Medical Services Authority  
1930 9<sup>th</sup> Street, Suite 100  
Sacramento, CA 95814-7043**

**Attn: Disaster Medical Services**

**Fax #: (916) 323-4898**